



IPL Consent Form

I consent and authorise _____ to perform intense pulsed light treatment/s on me. I understand the following points and have had the opportunity to ask questions during my consultation.

In relation to IPL hair removal treatments, I have been advised as follows:

1. Treatment is successful on most clients but my individual results cannot be guaranteed.
2. Most clients require 8 to 10 treatments to achieve up to 80% hair removal, however some may require more or ongoing maintenance treatments.
3. Hair loss is variable and individual results depend on many factors, thus it is extremely difficult to advise on exact number of treatments required.
4. Light blonde, grey, red or white hair does not respond to IPL treatment.
5. Fine facial hair takes longer to respond to treatment than hair in other areas and will require additional treatments.
6. Darker skin type clients will require additional treatments.
7. Exposure to UV Rays will compromise my treatment and risk factors, therefore I will use SPF 30+ sunscreen.
8. Growth of dormant follicles may be triggered by hormonal changes (e.g. stress, illness, medications, pregnancy, trauma or other causes) and will require ongoing treatment.
9. Not following the recommended interval between treatments will reduce efficacy of my results.

In relation to IPL skin-rejuvenation treatments, I have been advised as follows:

1. Treatment is successful on most clients but my individual results cannot be guaranteed.
2. Most clients will require a minimum of 4 treatments for successful reduction and results are variable.
3. Darker pigmentation responds better to treatment than lighter pigmentation, and micro-crusting will occur.
4. Re-exposure to UV Rays may cause pigmentation to darken again. Proper skin care including a sunscreen is essential.
5. Redness may re-appear within 7 days after treatment, whilst the capillary is still compromised. Further treatment is highly recommended within 7-14 days. Failure to do so, will reduce efficacy of treatment.

The following risks associated with IPL treatment have been explained to me: (Please Tick)

- Skin Tone changes (light or dark spots on the skin) lasting 1-6 months.
- Freckles may temporarily or permanently disappear in treatment area.
- Other potential risks include crusting, itching, pain, bruising, pimple-like bumps, dry skin, hypopigmentation (lightening of the skin), hyperpigmentation (darkening of the skin), blistering, burns, infection, scabbing, swelling, a very small risk of scarring and a failure to achieve the desired result.
- Allergic or delayed inflammatory reactions can develop. A test patch is performed to ascertain reaction of the skin to IPL.
- Intense Pulsed Light Systems can cause eye injury and protective eyewear must be worn during treatment.
- Prior to initial treatment, any sun spots should be correctly identified by a physician as benign and suitable for light-based treatment. A medical certificate is required to be presented to reflect this.
- I consent to photographs taken to evaluate effectiveness. Photographs revealing my identity will not be used without consent.
- I understand the sensation of light-based treatments is sometimes uncomfortable and feels like a flicking sensation.
- I am aged 18 years or over (otherwise parent or guardian to sign).
- I will advise my clinician of any changes that occur during my treatment that can increase potential risks or reduce efficacy.
- I also understand that there will be no refund for any performed services.

In relation to my initial and all subsequent treatments I advise that: (Please Tick)

- I have not had any unprotected sun exposure (including tanning beds and fake tan creams) in the last 4 weeks
- I have not used mechanical epilation, waxed or tweezed in the last 4 weeks
- I have no history of seizures and I have disclosed all known allergies (e.g. Latex, etc)
- I am not taking medications causing photosensitivity (prescription/non-prescription) e.g. Antibiotics
- I do not have a history of keloid & hypertrophic scar formation
- I do not have an active infections/Immunosuppression
- I do not have open lesions in the areas to be treated
- I do not have Herpes I or II – in the areas to be treated
- I have not used Tretinoin or Retin-A products within the last 2 weeks.
- I have not had Laser Resurfacing within the last 6 months
- I have not a Chemical Peel within the last 2 weeks

- I have not used Roaccutane within the last 6 months
- I have advised my clinician if I am diabetic
- I am not pregnant, do not have hormonal imbalances or taking any medication which may affect treatment outcomes
- I have received the Pre and Post Care Information Sheet. I agree to adhere to all these recommendations
- If my treatments related to facial hair reduction, I have been advised of the possibility of on-going long-term maintenance.
- I understand the cancellation policy
- I have read all of the above and had all my questions satisfactorily answered.

Note: Do not sign this form until you have read and understood all of the above.

Name in Full _____ Date _____

Signature _____ Clinician (witness) _____